

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6388</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Donald</u> <u>H</u> <u>Salsbery</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1775 K Street, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	4. Name, file number, and address of labor organization. Name <u>UFCW Int'l Union</u> Labor Organization File Number <u>000-056</u> P.O. Box, Building and Room Number, if any _____ Street <u>1775 K Street, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>Director of Finance</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Donald H. Salsbery</u>	On <u>8/9/05</u>	<u>202-223-3111</u>
	Date	Telephone Number

Name of Person Filing Donald Salsbery

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Calibre CPA Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1850 K St NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Accounting Services

11.b. Approximate dollar value of such dealing.

\$311,568

12.a. Nature of interest held or income received.

Golf green fees

12.b. Amount.

\$113

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Voyageur Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2300 M st NW Suite 800

City Washington

State District of Columbia ZIP Code + 4 20037

14.a. Nature of payment.

Golf greens fee and dinner

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$120

Name of Person Filing Donald Salsbery

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Kelly Press

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1701 Cabin Branch Road

City Cheverly

State Maryland

ZIP Code + 4 20785

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provider of printing and publishing materials

11.b. Approximate dollar value of such dealing.

\$1,033,700

12.a. Nature of interest held or income received.

Golf greens fees

12.b. Amount.

\$210

Name of Person Filing Donald Salsbery

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Comerica Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 411 West Lafayette St.

City Detroit

State Michigan

ZIP Code + 4 48226

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Pension Plan for Employees

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1775 K Street, NW

City Washington

State District of Columbia

ZIP Code + 4 20006

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Custodial investment services

11.b. Approximate dollar value of such dealing.

\$116,947

12.a. Nature of interest held or income received.

Business lunch

12.b. Amount.

\$38

Name of Person Filing Donald Salsbery

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Alliance Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1345 Avenue of the Americas

City New York

State New York ZIP Code + 4 10105

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Pension Plan for Employees

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1775 K Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

11.a. Nature of such dealing.

Investment management services

11.b. Approximate dollar value of such dealing.

\$313,819

12.a. Nature of interest held or income received.

Golf greens fees and business dinner

12.b. Amount.

\$245

Name of Person Filing Donald Salsbery

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Willis of Maryland

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6700 Rockledge Drive

City Bethesda

State Maryland ZIP Code + 4 20817

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Provider of insurance brokerage services

11.b. Approximate dollar value of such dealing.

\$1,784,446

12.a. Nature of interest held or income received.

Golf greens fees

12.b. Amount.

\$120

Name of Person Filing Donald Salsbery

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name State Street Global Advisors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Lincoln St. 33rd Floor

City Boston

State Massachusetts

ZIP Code + 4 02111

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Investment management services

11.b. Approximate dollar value of such dealing.

\$6,934

12.a. Nature of interest held or income received.

Golf greens fees
Business lunch

12.b. Amount.

\$250